North Middlesex University Hospital NHS Trust

ENFIELD Council

NHS Enfield Clinical Commissioning Group

Whole System Approach to Urgent Care Resilience

Presented by John Wardell, Enfield CCG

Supported by North Middlesex & London Borough of Enfield

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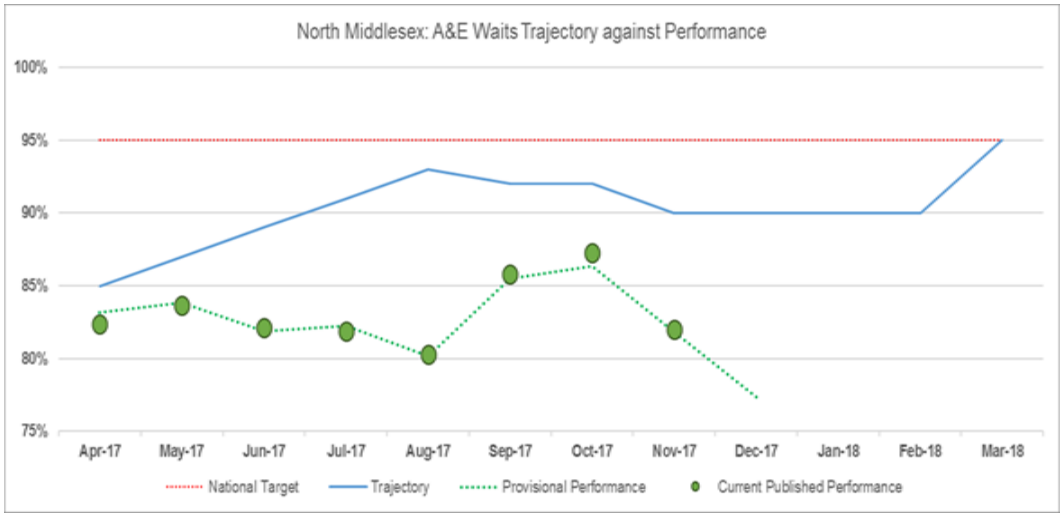
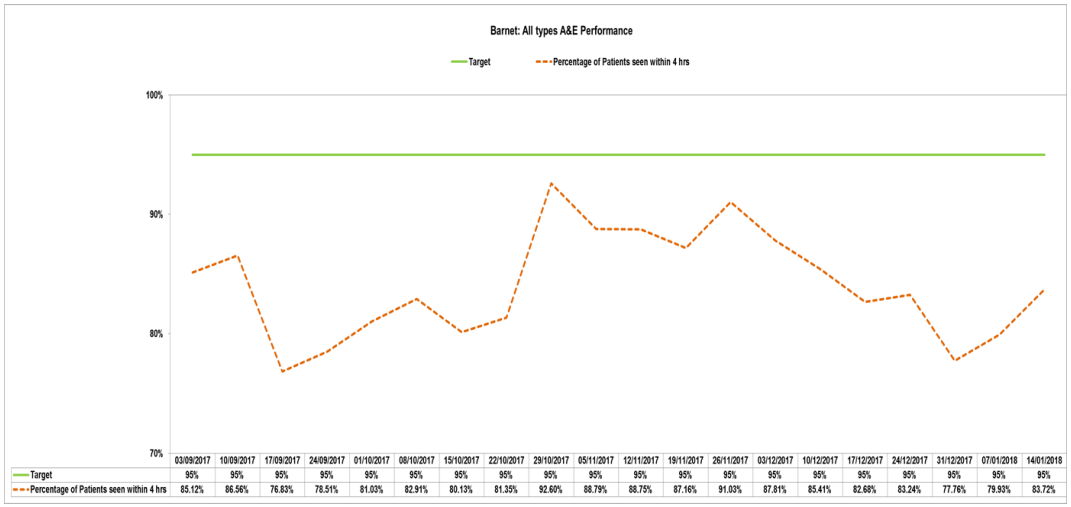
Introduction & Background

- Surge in demand exacerbated the problems in a healthcare system which is already under strain
- Although the National 4 hour A&E target is 95% this is not being met by the majority of Trusts Nationally and Local agreements have taken place to support a recovery trajectory
- The North Middlesex Hospital University Trust (NMUH) recovery trajectory was set to reach 90% in December 2017 and 95% in March 2018
- In hospitals there is a surge in emergency attendances
- Strong upward trend in all contacts (111, OOH, A&E, GP)
- This compounds difficulties in the acute hospital sector often leading to unnecessary attendances and delayed discharges
- The National Delayed Transfer of Care (DToC) target is set at 3.5% with a stretch target of 2.5%, Enfield are consistently under the 2.5% trajectory set
- Resilience planning is done through the important relationship with community and social care services which supports an integrated system to support the Acute

Recent Performance - North Middlesex University Hospital & Barnet & Chase Farm Hospitals





A&E performance across Acute sites locally and nationally dipped across Winter

However, NMUH have managed to recover from December performance to 80% in recent weeks

Focus across A&E Delivery Boards including support from community partners and social care to create system flow to reduce Acute pressures

In Flow- Primary Care & Care Homes

- Throughout October and November 8153 appointments were offered to patients above the usual GP appointments in hours
- 6338 appointments were booked, however 969 patients did not attend (DNA)
- The table below illustrates reduced utilisation particularly Sundays, and a high rate DNA on weekdays.
- On-going work is taking place to review potential reduction of DNA through use of walk in appointments to replace bookable capacity
- Close working with the communications team to produce materials for patients/hospitals/ GP Practices with information on the additional appointments

Hub utilisation	Nov	Oct
# appointments available	4079	4074
# appointments booked	3227	3111
Face to face	3227	3111
Other (e.g. Skype, telephone)	0	0
# DNAs	500	469
Overall hub utilisation (%)	67%	65%

Hub utilisation per day			
Day	*# appts available*	*# appts booked*	*# DNAs*
Monday	168	143	25
Tuesday	168	142	23
Wednesday	216	183	25
Thursday	210	190	40
Friday	156	141	60
Saturday	2064	1713	221
Sunday	1097	715	106
Total this month	4079	3227	500

The Care Home Assessment Team (CHAT) have a strong and collegiate relationship with care homes and are part of the Trusted Assessor implementation locally, creating a relationship where providers feel confident and safe to seek advice.

CHAT has several indicators measured, with the following impact noted up to November 2017:

- Enabled individuals to choose to die in their preferred place (100% in both October and November 2017); individuals outcomes were supported around dignity and choice.
- The CHAT sees new residents within a target of two weeks in their care provision; for Oct they met this in 90% of cases, and 89% of cases in November.
- Work with care homes to reduce A&E attendance for falls continued; CHAT is measured on percentage of people who having falls go into A&E, which stood at 12% in October and 15% in November.

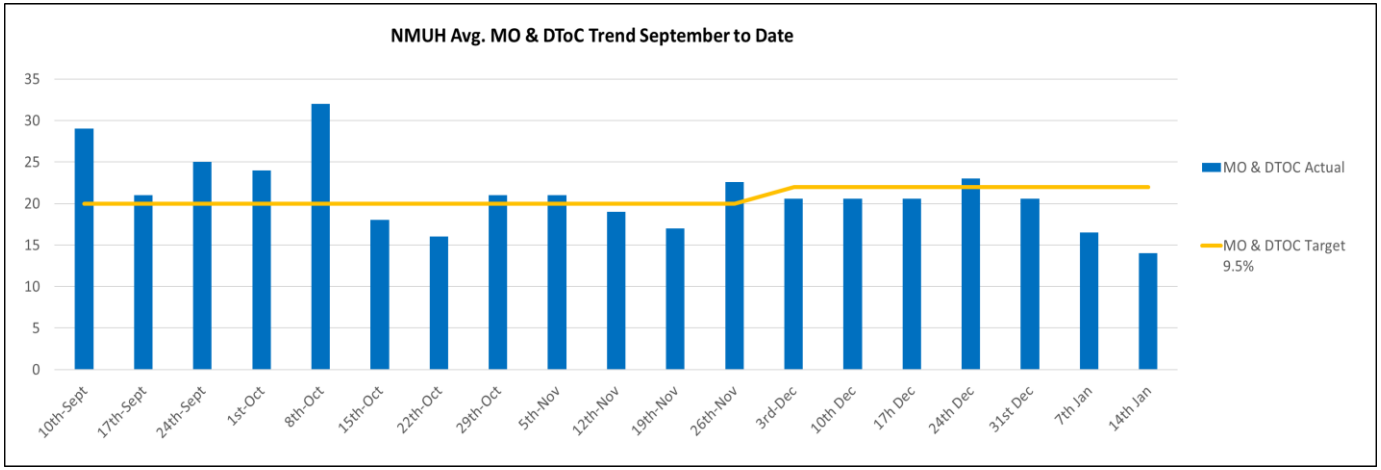
Hospital Flow

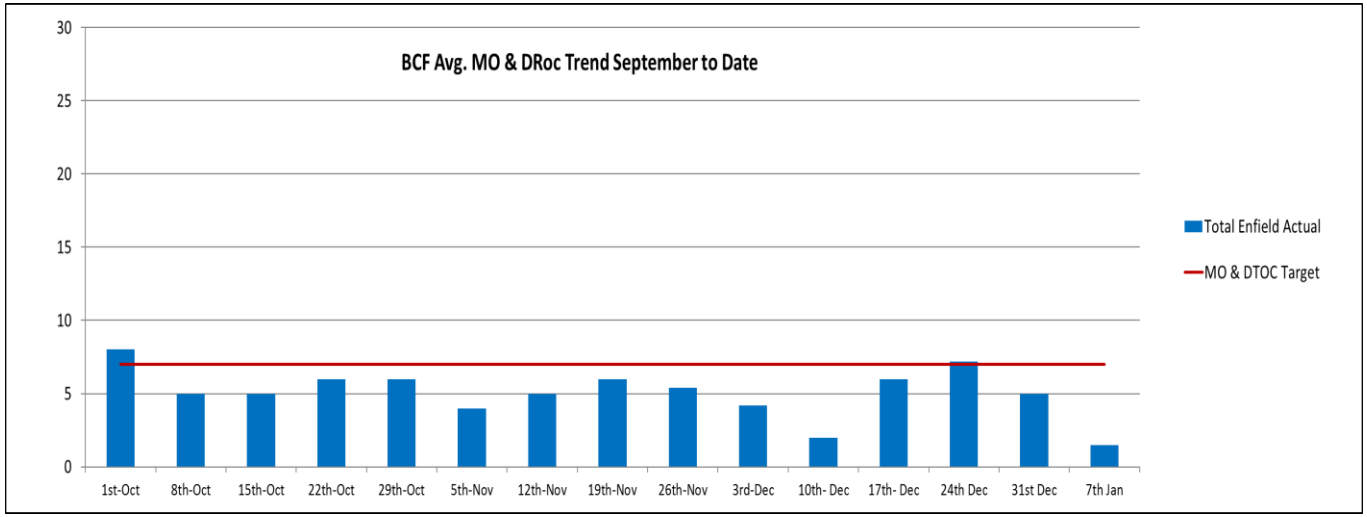
Safer, Faster, Better Dashboard

Workstream	Metric	Target	Week Ending 22-Oct	29-Oct	05-Nov	12-Nov	19-Nov	26-Nov	03-Dec	10-Dec	17-Dec	24-Dec	31-Dec	07-Jan
Emergency Department	Average time from arrival to DTA	210	198	191	192	188	215	238	199	229	251	250	262	294
	Average time from DTA to admission		157	167	141	139	164	218	174	184	273	221	251	285
	Proportion of patients streamed to UCC	50%	45%	47%	46%	45%	44%	44%	43%	45%	45%	42%	45%	43%
	Average number of patients going to OBU per day	20	18	18	18	17	17	15	14	15	11	12	12	8
	Total proportion of patients streamed away from ED	55%	51.6%	53.1%	52.7%	51.3%	50.5%	50.5%	48.6%	50.3%	49.5%	47.2%	48.9%	47.4%
	Average ambulance handover time (mins) * based on unvalidated LAS data	15	20.3	19.5	17.8	17.8	18.4	19.9	17.4	19.4	23.0	24.0	24.4	31.9
Wards	Average admissions per day	63	71	69	71	70	71	63	64	63	60	67	60	58
	Average discharges per day	>= adms.	65	73	70	70	68	60	62	63	56	76	52	54
	Proportion of patients discharged between 07:30 and 12:30	33%	25.0%	19.2%	19.4%	19.4%	16.4%	15.0%	22.0%	16.8%	19.4%	24.9%	22.0%	21.2%
	Proportion of patients discharged at weekends	20%	19.0%	11.2%	15.9%	16.0%	17.1%	14.5%	17.3%	13.2%	13.4%	23.5%	21.2%	11.0%

- Streaming through the Urgent Care Centre (UCC) has stayed consistent despite pressures
- Average admissions per day have improved since November
- Admissions and discharges overall have remained balanced throughout Winter
- There is an increase in time for initial assessment and average time to see a clinician which has a knock on effect on the time for decision to admit
- Average discharges from the Acute Assessment Unit (AAU) have decreased

Outflow- Discharge

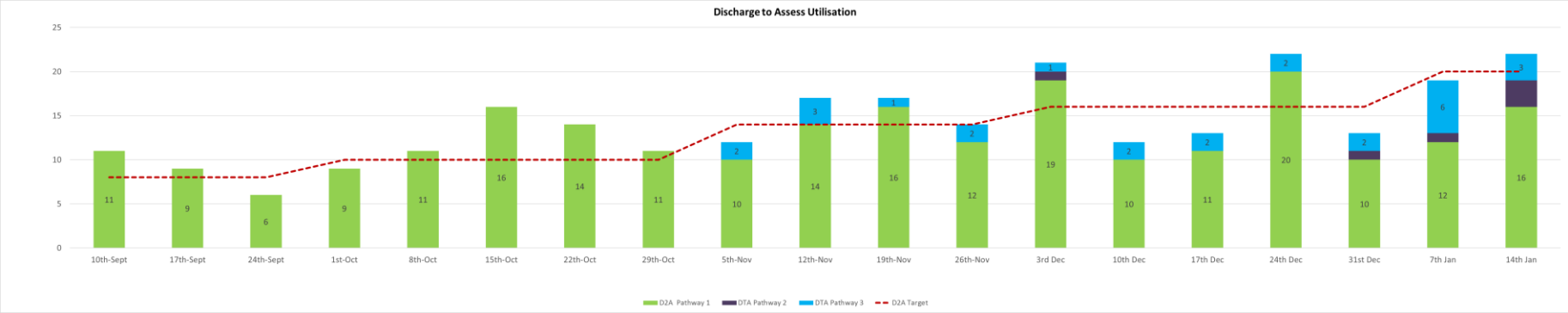




Enfield CCG along with Haringey CCG, Local Authority partners and Community partners have put in place local initiatives to support discharge from hospital

The graphs on the left show the reduction in Enfield delays across both NMUH and BCF since September upon implementation of these projects

Outflow- Discharge



- All pathways have consistently been meeting, if not exceeding, trajectories and supporting the reduction in Enfield delays
- Pathway 1 - 441 patients since Feb 2017
- Pathway 2 -6 Patients since December 2017
- Pathway 3 -26 Patients since November 2017
- Trusted Assessor launched in January 2018- the scheme aims to reducing delays awaiting assessments for care homes and readmissions by providing support and intervention for frequent attenders

System Wide Approach to Resilience Planning

- Working closely with Haringey & Barnet A&E Delivery Boards to implement support for Enfield patients across local Acute sites
- Weekly System Resilience calls including Local Authority
- Local escalation process implemented for North Middlesex University Hospital at Chief Operating Officer/ Director of Commissioning level
- Daily calls to identify early escalation of issues
- Implementation of Discharge to Assess Pathways to support reduction of LOS and delays within the Acute to support flow
- Enfield Social Worker on site across all main Acute sites 7 days a week

Additional Funding Support from NHS England

In December 2018 NHS England offered each system the chance to put forward bids which would further support resilience across the local urgent care systems, particularly the January pressure surge which follows the festive period

Enfield CCG along with NMUH and Haringey CCG submitted a bid and were successful in securing additional funding to support the following initiatives:

- Enfield Crisis and Mental Health Support and Redirection Team to further support rapid mental health discharges and prevent breaches, working in close alignment with the admissions avoidance team at NMUH- recruitment for this scheme is in progress
- Clinical Support in ED - further clinical support to maximise redirection and streaming of patients in A&E; - this post will be working closely with the DTA Pathway 3 team to support patients to be cared for in their home environment and avoiding an unnecessary admission when appropriate

Next Steps

- Enfield will be working with partner organisations over the next few months to review successful schemes from 2017/18 and planning for resilience for 2018/19

- Any schemes identified to be put in place will be communicated early to partners across the system to ensure schemes are in place in advance of the winter months

- DTA has been confirmed to continue for 2018/19 with plans to increase capacity across all pathways due to the success from Winter 2017/18

- Healthwatch Enfield commissioned to identify any further outcomes which will support improvements

How can the system continue to involve elected members on this work outside of the Health and Wellbeing Board?